

SPECIAL INVESTIGATION RECORD

Michigan Department of Human Services
Bureau of Children and Adult Licensing

DIRECTIONS FOR COMPLETING FORM: <ul style="list-style-type: none"> Please read the reverse side before completing this form. Please type or print so that the information completed can be read. Mail completed form to your agency's Licensing Consultant BCAL/Complaint Unit.

SECTION I: DEPARTMENT INFORMATION (To be completed by Licensing Worker)

Worker Name, Department Name, Address and Phone Number	Special Investigation Number
	FH License Number
	Intake/Investigation Type <input type="checkbox"/> Administrative <input type="checkbox"/> Complaint
Foster Home Name	Worker Load Number
	Intake Date

SECTION II: REPORTER INFORMATION (To be completed at intake)

Use Reporters Name <input type="checkbox"/> Yes <input type="checkbox"/> No	Last Name	First Name	Middle Name
Mailing Address		City	County
Supplemental Address	State MI	Zip Code	Telephone
Nature of Intake/Reason for Contact			
Person Receiving Report		Contact Method <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> In Person <input type="checkbox"/> Other (explain)	
Source <input type="checkbox"/> Anonymous <input type="checkbox"/> Licensee <input type="checkbox"/> Recipient Rights <input type="checkbox"/> Case Management Staff <input type="checkbox"/> Licensing Consultant <input type="checkbox"/> Relative <input type="checkbox"/> Community Agency <input type="checkbox"/> Local Unit of Government <input type="checkbox"/> Resident <input type="checkbox"/> Community Placement Staff <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Staff or Caregiver <input type="checkbox"/> Legislator <input type="checkbox"/> Private Citizen <input type="checkbox"/> State Unit of Government <input type="checkbox"/> Licensee Organization <input type="checkbox"/> Protective Services <input type="checkbox"/> Other		Alleged Statute and/or Rule Violations 1. _____ 2. _____ 3. _____ 4. _____ 5. _____	

SECTION III: (To be completed at close of investigation) **Close Date:**

Initial Alleged Statute and/or Rule Violations 1. _____ 2. _____ 3. _____ 4. _____ 5. _____	Noncompliance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Subsequent Statute and/or Rule Violations 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
Recommended Regulatory Actions <input type="checkbox"/> Denial of Issuance <input type="checkbox"/> Refusal to Renew <input type="checkbox"/> Original Provisional Issuance <input type="checkbox"/> 1 st , 2 nd , 3 rd , 4 th Provisional License <input type="checkbox"/> Regular Issuance <input type="checkbox"/> Revocation <input type="checkbox"/> Modify Terms of License <input type="checkbox"/> Continue Current Status		
Referred To <input type="checkbox"/> Attorney General <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Prosecuting Attorney <input type="checkbox"/> Protection and Advocacy <input type="checkbox"/> Protective Services <input type="checkbox"/> Public Health <input type="checkbox"/> Qualified Fire Safety Inspector <input type="checkbox"/> Other		

[Address]

Bureau of Children and Adult Licensing
Complaint Unit
PO Box 30650
Lansing, MI 48909

Procedures and Distribution

1. Licensing worker completes all items in Sections 1 & II
2. Licensing worker forwards **White** copy to: BCAL Complaint Unit. Licensing worker retains **Yellow** copy.
3. BCAL Complaint Unit Staff inputs special investigation information.
4. A computer generated BCAL-259A is returned to licensing worker.
5. When the investigation is finished, licensing worker completes Section III.
6. Licensing worker forwards **White** copy to BCAL Complaint Unit. Licensing worker retains **Yellow** copy.
7. BCAL Complaint Unit Staff logs special investigation closure data information.

Reporter = Person making allegations

Investigation Type: Administrative = Concerning excessive concentration and filed by a legislative body.

Anonymous = Reporter is unwilling to identify themselves or have their name be used.

Formal = Permission given to use name and is willing to testify at a hearing.

Reason for contact = A narrative description of the allegation(s).

Intake Date = Date agency becomes aware of incident.

Instructions for Statute & Rule Violation Citations:

Enter the exact and complete section & subsection and/or rule & subrule of the alleged and/or confirmed violation(s). It is not necessary to include the initial digits "722" of the statute or the initial digits "400" of the rule.

Example: Enter 9 3 0 6 1 f i i i for the following (proposed) subrule pertaining to the size and design of an outside window.

- R 400.9306. Bedrooms
Rule 306. (1) A foster parent shall ensure that bedrooms comply with all of the following provisions:
- (a) Provide an adequate opportunity for both rest and privacy and access to adult supervision as appropriate for the age and functioning level of each child.
 - (b) Have not less than 40 square feet of floor space per person, excluding closets.
 - (c) Have sufficient space for the storage of clothing and personal belongings.
 - (d) Have a finished ceiling, floor-to-ceiling permanently affixed walls, and finished flooring.
 - (e) Have a latchable door that leads directly to a means of egress.
 - (f) Have at least 1 outside window that complies with all of the following provisions:
 - (i) Is accessible to children and caregivers.
 - (ii) Can be readily opened from the inside of the room.
 - (iii) Is of sufficient size and design to allow for the evacuation of children and caregivers.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.